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Caption of Case) (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo O O O O O O O O O O O O O	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2014 - 296 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Tyler Cameron Powell Submitted by:	Telephone: 757-871-8150
Address: 1004 C Avenue	Fax:
West Columbia, SC 29169	Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and mass
	Request for Name Change on Certificate
Application - Class A/A Restricted	Request to Amend Scope of Authority
Application - Class C Taxi	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Charter Bus	
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

	Date: 06-30-14			
C	LASS C - CHARTER BUS			
A	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.			
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name			
	Columbia Brew Bus LLC			
	1004 C Avenue, West Columbia, SC 29169			
	Street Address of Applicant			
-	Mailing Address of Applicant (if different from street address)			
	757-871-8150			
	Phone Fax			
	cameronpowellsc@gmail.com Email Address			
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)			
3.	Select Entity Type: (Check one)			
	Individual Owner/Sole Proprietorship			
	Partnership - List names and addresses of all person having an interest in the business.			
	Corporation - List names and addresses of two principal officers.			
	Tyler Cameron Powell - 1004 C Avenue, West Columbia, SC 29169			
	Mike De Kozlowski - 1004 C Avenue, West Columbia, SC 29169			
	Chris Campbell - 205 Center Court, Columbia, SC 29212			

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & M	MODEL	VIN#	WEIGHT EMPTY	SEATING
	70	BT		EMFII	CAPACITY
	10	156	PURCHASO	ED $-$	-
_					

INSURANCE QUOTE

The distribute quote must be complete, bising entrent insurance premiums. At the discretion of the Commission, a copy of come it mistral co-policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to proclase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A OFF OFF.

or.
Cciumbia Brew Bus I.I.C
Name of Applicant
1994 C. Ave West Columbia. Sc. 29169
Address of Applicant
Limits Quoted: (See Below)
Langes Secondary (S)
term of 12 months.
nly:
S 25,000/300,000/25,000 Paleenzers Number of serboles in the venille and along the driver of seather
Columbia Insurance Co
Name of Insurance Company
PO Box 305809 Atlanta, GA 50348
Home Office Address of Company
Rules and Regulations relating to insurance requirements and the above diagree prescribed. The insurance company making this cause is authorized by the nee to do business in South Carolina. Authorized Insurance Company Representative's Signature.

NOTE

Try a wish to self-insure your motor vehicles for hability and properly damage, you must comply with Sit. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vick e Coker with the Department of Morie Venice of a (803) 866-8457.

Lyon wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to. It post is surely hand in leners of-credit with the WCC for a minimum of \$500,000, 21 agree to pay a yearly self-insurance iax, and largree to pay an annual assessment to the South Carolina Second Irrity Fund. For more information, contact me WCC So 34 insurance Division at (803) 737-5712 or on the web at www weelstate scale self-insurance.

Exhibit Fit, Willing, and Able (FWA)

_		Tyler Can Name of	Applicant	11 - Colombia Br	ew Bus L
_	U.S.D.O.T N	No.		ICC No.	
1	Does Applicant have a Safety O Yes If Yes, indicate rating by	b No	O.T.? O Pending	(Submit when received.)	
	O Satisfactory	O Conditional	O Uns	atisfactory	
2.	. Have any of Applicant's driver the past twelve (12) months? O Yes	rs or vehicles been place No	es "out of servi	ce" by Transport Police safe	ty officers in
3.	Are there currently any outstar O Yes If Yes, indicate nature of judg	No			
4.	Is Applicant familiar with all in operations in South South Card	olina, and does Applican	l safety regulat It agree to oper	ions governing charter bus cate in compliance with these	arrier regulations?
5.	Is Applicant aware of the Comtherewith? Yes O	mission's insurance requ	tirements and t	he insurance premium costs	associated

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www. psc.sc.gov to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Chief Executive Member

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

SWORN TO BEFORE ME

This John day of July, 20 14

Notary Public

Commission Expires 7 5 15

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COLUMBIA BREW BUS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 27th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of June, 2014.

Mark Hammond, Secretary of State